

Important!! Please Read All Of The Instructions On Page 2 Before Completing.

State of Wisconsin
Department of Workforce Development
Equal Rights Division

**Discrimination Complaint
Fair Housing**

ERD Case #

Personal information you provide may be used for secondary purposes. [See Section 15.04(1)(m) Wisconsin Statutes for details.]

Type Or Print In Black Ink

1. Your name, street address, city, state, ZIP code.

2. Respondent name, street address, state, and ZIP code.

(Name of the housing provider you believe discriminated against you). If more than one respondent, list each separately.

Your Telephone Numbers

Respondent Telephone Number

Home () _____

() _____

Work () _____

3. Your complaint may be filed with another agency unless you write "no" here. See #3, on reverse side, for more details.

4. County in which the discrimination occurred

5. BASIS: You must list a basis for your complaint. (For example: "sex-female," "race-African American," "disability-visual impairment," "sexual orientation-homosexual," etc.)

What is the **basis** for your complaint? _____

6. STATEMENT: What did the respondent do? List each action you believe was discriminatory. (They refused to Rent to me, I was evicted, they charged higher rent, etc.) Then, say why you believe you were treated differently because of the basis you listed above.

7. DATES:

When did the above action(s) first happen? (month/day/year) _____

On what date did it last happen? (month/day/year) _____

8. By my signature below, I acknowledge that I have read the complaint; that to the best of my knowledge, information and belief, the complaint is true and correct, and that the complaint is not being used for any improper purpose, such as to harass the party against whom the complaint is filed.

For Office Use

Signature of complainant or authorized representative

Date Signed

Discrimination Complaint Instructions--What Is Covered and How To File

If you believe you have been discriminated against in violation of the Fair Housing Law, you may file a complaint with DWD's Equal Rights Division. Your complaint must be filed within **one year** of the action that you believe was discriminatory.

To accept your case, the Division must have certain information. **Make sure you carefully follow the instructions outlined below.** The numbers on these instructions match the numbered sections on the front of this form.

- 1. Complainant.** You must write your legal name, address and telephone number.
- 2. Respondent.** You must provide the complete name, address and telephone number of the housing provider or person that this charge is being filed against. If the respondent is a housing provider, the name of the property owner should be used. If you are not sure who the owner is, you might obtain this information from the manager or Realtor, or by asking your local municipal assessor to tell you who pays the taxes on the property. If there is more than one respondent, list each separately.
- 3. Referrals.** The City of Madison Equal Opportunities Commission (MEOC) administers an ordinance similar to state law. The Equal Rights Division will handle your complaint if it is initially filed with us, but we will also refer your complaint to MEOC if the housing is located within Madison's city limits. Your complaint may also be sent to Fair Housing agencies.
- 4. County.** You must write the name of the county where the employment is located.
- 5. Basis.** You must give a basis for your complaint. The Wisconsin Fair Housing Act prohibits discrimination in the provision of goods and services on the following bases:

- | | | |
|------------|-------------------|--------------------------|
| ▷ RACE | ▷ NATIONAL ORIGIN | ▷LAWFUL SOURCE OF INCOME |
| ▷ COLOR | ▷ AGE (18+) | ▷ MARITAL STATUS |
| ▷ CREED | ▷ SEX | ▷SEXUAL ORIENTATION |
| ▷ ANCESTRY | ▷ DISABILITY | ▷FAMILY STATUS |

Also, interference with or retaliation against any person exercising or assisting with a right granted or protected under the fair housing law.

- 6. Statement.** What was done? You should list each action that you feel was discriminatory. When describing a respondent's action in this section, the individual who took the action should be identified, if possible. Then, tell us why you believe this action was taken because of the basis you listed.
- 7. Dates Action Occurred.** Give us the first and last dates you believe discrimination occurred.
- 8. Your Signature:** Make sure you or your representative signs the form.

Mail your **Completed** and **Signed** complaint to one of the following Equal Rights Division offices:

Equal Rights Division
201 E Washington Av. Room 300A
PO Box 8928
Madison, WI 53708

Equal Rights Division
819 North 6th Street
Room 255
Milwaukee, Wisconsin 53203

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Telephone: (608) 266-6860
FAX: (608) 267-4592
TTY: (608) 264-8752

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Telephone: (414) 227-4384
FAX: (414) 227-4084
TTY: (414) 227-4081

Equal Rights Complaint Process Information

➔For effective complaint handling, please complete and return the following information with your complaint.

Your Full Name (last, first, middle initial)		Today's Date
Social Security Number *	* Not mandatory - used only for internal identification, accessibility and accuracy of records within the Equal Rights Division	

WITNESSES: Please include the names, home addresses and telephone numbers of persons who know what happened to you or may have seen, heard or experienced treatment similar to yours. Witnesses are not character references. They are people who have relevant information about your complaint and are willing to cooperate in the investigation.

AVAILABILITY: (*Important! You must notify the Department if you change your address or phone number. If we are unable to locate you, your complaint may be dismissed.*)

What Days and times are you usually available to discuss your complaint?

Is there a telephone where we can reach you during the day? ☐ Yes ☐ No

If so please provide the area code and number: ()

In case we cannot reach you, please provide the name, address and phone number of a person who does not reside with you but will always know where you live and how to reach you:

Name Address

City, State, ZIP Code Telephone ()

SETTLEMENT INFORMATION: Complete applicable spaces below if terminated or not hired or promoted:

If Terminated: ➔	Job Title at Termination	Rate of Pay at Termination		Hours worked weekly
If Not Hired or Promoted: ➔	Position Applied For	Rate of Pay	Hours Per Week	Present Job Title

At this time, what would you accept to settle your complaint? (*Note: If discrimination is proven under state law you may recover lost pay related to the discrimination, attorney fees, reinstatement and related remedies. If discrimination is shown under federal law, additional damages may be available.*)

COMPLAINT INFORMATION: Have you filed this charge with any other agency? ☐ Yes ☐ No

If so, name of agency Date filed

EMPLOYER INFORMATION:

Type of Business

Approximate number of employees at all locations: ☐ Less than 15 ☐ 101 to 200 ☐ More than 500
☐ 15 to 100 ☐ 201 to 500

STATISTICAL INFORMATION:		Date of Birth: _____
You Are: <input type="checkbox"/> Male <input type="checkbox"/> Female		
<input type="checkbox"/> African-American (Black)	<input type="checkbox"/> White Nonhispanic	<input type="checkbox"/> Asian/Pacific Islander
<input type="checkbox"/> Native-American/Aleutian	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Multiple-Race (check boxes)
<input type="checkbox"/> Other (specify)		